



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
POLICY DIRECTIVE**

|  |   |
|--|---|
| Policy No. DOC 4.5.10                  | Subject: <b>LEVEL OF THERAPEUTIC CARE</b> |
| Chapter 4: FACILITY/PROGRAM SERVICES   | Page 1 of 4                               |
| Section 5: Health Care                 | Effective Date: May 1, 1998               |
| Signature: /s/ Mike Ferriter, Director | Revised: 11/15/11                         |

## **I. POLICY**

The Department of Corrections will provide the appropriate level of offender health care services consistent with national correctional healthcare standards and ensure that clinically appropriate procedures are performed by qualified health care providers.

## **II. APPLICABILITY**

Secure care facilities department-owned and contracted, as specified in contract.

## **III. DEFINITIONS**

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Medical Director – The physician designated by the Department director to oversee the health care of all adult and youth offenders under Department jurisdiction.

Medical Review Panel (MRP) – A group of health care professionals that includes the medical director, at least two additional health care providers (one of whom must be a physician), and the Department managed care RN, all of whom are designated to review complex health care requests and cases, protested denials of care, and general issues relevant to offender health services and managed care.

## **IV. DEPARTMENT DIRECTIVES**

### **A. General Requirements**

1. The Department medical director must review recommended elective medical or surgical procedures or therapies. However, if a delay in treatment would cause irreparable harm, significant risk, or fail to comply with sound medical principles, the review may be conducted after treatment has been initiated and the medical director should be notified as soon as possible.
2. Medical care and treatment are prioritized by levels, each with specific authorizations.
3. The levels of care are general guidelines for providing diagnostic evaluation, therapies, and procedures including levels of authorization.
4. Offender access to care as well as diagnosis and appropriate treatment by qualified medical personnel is an essential right not abridged by this policy.

|   |                                      |             |
|---|--------------------------------------|-------------|
| Policy No. DOC 4.5.10                     | Chapter 4: Facility/Program Services | Page 2 of 3 |
| Subject: <b>LEVEL OF THERAPEUTIC CARE</b> |                                      |             |

5. Any provider or offender may request review of a denial by the Department medical director through the Medical Review Panel (MRP).
6. The medical director, or designee, after consultation with appropriate medical and legal personnel, will be the final authority in all review appeals.

## **B. Medical Care and Treatment Levels**

1. Level 1, Medically Mandatory Care:
  - a. is routinely provided to all offenders;
  - b. includes care essential to life and health without which rapid deterioration may be an expected outcome and where medical/surgical intervention makes a significant difference in outcome;
  - c. includes, but is not limited to: acute problems, potentially fatal, where treatment prevents death and/or significant morbidity and may allow full recovery (e.g., appendectomy for appendicitis, arterial and venous lacerations, myocarditis, myocardial infarction, major head injury, eclampsia, etc.);
  - d. may be authorized by any licensed health services practitioner in an emergency situation; and
  - e. is usually urgent or emergency care, initiated by medical personnel at the time of intervention, and is routinely authorized, provided, and paid for by the Department.
2. Level 2, Presently Medically Necessary Care:
  - a. may be provided by any prescribing practitioner;
  - b. subject to periodic utilization review by the chief medical officer;
  - c. includes care without which the offender may have significant risk of progression of serious deterioration of the condition, significant reduction in the chance of possible repair after release, or significant pain or discomfort;
  - d. examples include, but are not limited to:
    - 1) chronic conditions, usually progressing to death, or where treatment improves life span and/or quality of life (e.g., medical management of insulin dependent diabetes mellitus, surgical treatment for treatable cancer, medical management of asthma, moderate to severe hypertension, surgical treatment of significant degenerative orthopedic disease, or cardiac pacing);
    - 2) supportive care such as pain management and hospice-type care for the end stages of diseases such as cancer or AIDS; and
    - 3) acute, non-fatal conditions where treatment may allow a return to a previous state of health including, but not limited to, medical treatment of various infectious disorders, surgical repair of an incarcerated hernia, acute gall bladder disease, relocation of dislocated joints, or repair of a corneal laceration.
  - e. involving surgeries and major durable medical equipment may be authorized by the medical director and managed care RN;; and
  - g. when not an emergency, authorization should undergo review by the medical director and managed care RN for approval and, in general, will be provided and paid for by the Department.
3. Level 3, Medically Acceptable but Not Medically Necessary Care:
  - a. will be authorized on an individual, case-by-case basis;

|   |                                      |             |
|---|--------------------------------------|-------------|
| Policy No. DOC 4.5.10                     | Chapter 4: Facility/Program Services | Page 3 of 3 |
| Subject: <b>LEVEL OF THERAPEUTIC CARE</b> |                                      |             |

- b. includes care for non-fatal conditions when treatment may improve the quality of life for the patient including, but not limited to: routine non-incarcerated offender hernia repair, and treatment of noncancerous skin lesions;
  - c. involves acute/on-site medical and surgical procedures and therapies which can be appropriately completed on premises in a routine clinic setting, are within the skills of the health care provider, and may be authorized by the chief facility health officer; and
  - d. chronic diseases indicated by the chief medical officer, or designee, that require off-site procedures, treatments, and/or therapies may be authorized by the MRP following submission and review of the [Therapeutic Level of Care](#) form.;
  - e. The final authority in all Level 3 reviews will be the Medical Director, or designee.
- 4. Level 4, Limited Medical Value:
  - a. is usually not provided by the Department;
  - b. includes care that may be appropriate for certain individuals but may have limited benefit or is not likely to produce substantial long-term gain such as treatment of minor conditions to decrease recovery time that provides little improvement in quality of life, and/or offers minimal palliation of symptoms, and/or is primarily for the convenience of the individual; and
  - c. examples include, but are not limited to: elective procedures (e.g., tattoo removal, nasal septoplasty, circumcision) or minor conditions (e.g., common cold, aphthous ulcers, etc.).

## V. CLOSING

Questions concerning this policy should be directed to the Department medical director.

## VI. REFERENCES

- A. *ACA Standards for Juvenile Correctional Facilities, 2003*
- B. *National Commission on Correctional Health Care Standards, 2008*

## VII. ATTACHMENTS

[Therapeutic Level of Care PDF](#)